

Fill in this information to identify the case:

Debtor name Bright Care Veterinary Hospital, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

Case number (if known) 8:25-bk-10900-SC

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Amended MML

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 7, 2025

x Alireza Gorgi
Signature of individual signing on behalf of debtor

Alireza Gorgi
Printed name

President
Position or relationship to debtor

STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

Bright Care Veterinary Group; Case No. 8:25-bk-10902-SC; Central District of California- Los Angeles Division; pending.

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Mission Viejo, California.

Date: May 7, 2025


Alireza Gorgi

Signature of Debtor 1

Signature of Debtor 2

Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:25-bk-10900-SC**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 650,000.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 650,000.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 13,013,258.21
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 186,194.07
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 797,389.28
4. Total liabilities Lines 2 + 3a + 3b	\$ 13,996,841.56

Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**Case number (if known) **8:25-bk-10900-SC**☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo** **Checking** **9501** **\$0.00**3.2. **Wells Fargo** **Savings** **4300** **\$0.00**3.3. **Bank of America** **Checking** **3879** **\$0.00**3.4. **Orange County Credit Union** **Checking** **5665** **Unknown**3.5. **California Bank and Trust** **Checking** **2821** **Unknown**

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

Debtor Bright Care Veterinary Hospital, Inc.
Name

Case number (If known) 8:25-bk-10900-SC

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: **Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Inventory - Medical Supplies		\$0.00	Comparable sale	\$50,000.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$50,000.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Debtor Bright Care Veterinary Hospital, Inc.
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Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Yes. See answer to question 50.	\$0.00		\$0.00

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Furnishings, Fixtures and Equipment used in connection with business operations	\$0.00	Comparable sale	\$600,000.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$600,000.00

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52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
Goodwill of indeterminate value	\$0.00		\$0.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

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Debtor Bright Care Veterinary Hospital, Inc.
Name

Case number (If known) 8:25-bk-10900-SC

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$50,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$600,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$650,000.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$650,000.00</u>

Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:25-bk-10900-SC**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 AFA Creditor's Name 700 Canal St, 1st Floor Stamford, CT 06902 Creditor's mailing address chanan@dynastycapitalllc.com Creditor's email address, if known Date debt was incurred 11/15/2024 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Accounts Receivable Describe the lien Merchant Cash Advance, Debtor investigating usurious loan. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$777,850.00	\$0.00
2.2 CC Representative Creditor's Name 330 N Brand Blvd Suite 700 Glendale, CA 91203 Creditor's mailing address info@corefundingsource.com Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Accounts Recievable Describe the lien Merchant Cash Advance Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$0.00	\$0.00

Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known) **8:25-bk-10900-SC**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☒ Contingent

☐ Unliquidated

☒ Disputed

2.3 Core Funding Source LLC

Creditor's Name

**49 Front St, Suite 6
Rockville Centre, NY 11570**

Creditor's mailing address

**info@corefundingsource.c
om**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Accounts Recievable

\$1,187,734.10

\$0.00

Describe the lien

**Merchant Cash Advance, Debtor investigating
usurious loan.**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

**2.4 Corporation Service
Company**

Creditor's Name

**As Representative, P.O.
Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/27/2023

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Blanket Lien on All Assets

\$0.00

\$0.00

Describe the lien

UCC Lien - U230090790831

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

**2.5 Corporation Service
Company**

Creditor's Name

**As Representative, PO Box
2576
Springfield, IL 62708**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Accounts Receivable.

\$0.00

\$0.00

Describe the lien

UCC Lien -U240023447630

Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known)

8:25-bk-10900-SC

Creditor's email address, if known

Date debt was incurred

3/7/2024

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.6 Creekridge Capital

Creditor's Name

7808 Creekridge Circle

Suite 250

Minneapolis, MN 55439

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/27/2018

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Lease

Describe the lien

UCC Lien - 187640322477

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.7 CT Corporation System

Creditor's Name

as Representative

330 N. Brand Blvd. Ste. 700

Glendale, CA 91203

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2/12/2024

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Accounts Receivable

Describe the lien

UCC Lien - U240015419429

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known) **8:25-bk-10900-SC**

2.8 CT Corporation System

Creditor's Name

**as Representative
330 N. Brand Blvd. Ste. 700
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2/27/24

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Blanket Lien on All Assets

\$0.00

\$0.00

Describe the lien

UCC Lien -U240021034925

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.9 CT Corporation System

Creditor's Name

**as Representative
330 N. Brand Blvd. Ste. 700
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/20/24

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Blanket Lien on All Assets

\$0.00

\$0.00

Describe the lien

UCC Lien -U240089779138

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

**2.1
0 CT Corporation System**

Creditor's Name

**As Representative
330 N Brand Blvd
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

6/7/24

Describe debtor's property that is subject to a lien

Blanket Lien on All Assets

\$0.00

\$0.00

Describe the lien

UCC Lien -U240046622326

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Bright Care Veterinary Hospital, Inc.**

Name

Case number (if known)

8:25-bk-10900-SC

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
1

CT Corporation System

Creditor's Name

**as Representative
330 N. Brand Blvd. Ste. 700
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/16/24

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Accounts Receivable.

\$0.00

\$0.00

Describe the lien

UCC Lien - U240065817526

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
2

CT Corporation System

Creditor's Name

**as Representative, 330 N.
Brand Blvd
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/20/24

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Blanket Lien on All Assets

\$0.00

\$0.00

Describe the lien

UCC Lien - U250101493530

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
3

**Daytona Funding Solutions
Corp**

Describe debtor's property that is subject to a lien

\$440,457.15

\$0.00

Debtor **Bright Care Veterinary Hospital, Inc.** Case number (if known) **8:25-bk-10900-SC**

Name

Creditor's Name

**266 Broadway STE 401
Brooklyn, NY**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

**Accounts Receivable, Debtor investigating
usurious loan.**

Describe the lien

Merchant Cash Advance

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
4

**Dependance Platinum FL
LLC**

Creditor's Name

**633 167th St
Miami, FL 33162**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**Accounts Receivable, Debtor investigating
usurious loan.**

\$104,082.23

\$0.00

Describe the lien

Merchant Cash Advance

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
5

DLP FUNDING, LLC

Creditor's Name

**101 LAKE SHORE DR
Monticello, NY 12701**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

Account Receivable

\$0.00

\$0.00

Describe the lien

UCC Lien -U240061990325

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known)

8:25-bk-10900-SC

Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
6

Everbank, N.A.

Creditor's Name

**10 Waterview Blvd,
Parsippany, NJ 07054**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Medical Equipment

Describe the lien

UCC Lien -U240005743828

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
7

Family Funding Group LLC

Creditor's Name

**1021 H St,
Brooklyn, NY 11219**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Accounts Receivable

Describe the lien

Merchant Cash Advance

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
8

Fora Financial

Creditor's Name

**1385 Broadway, 15th Floor
New York, NY 10018**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$151,359.55

\$0.00

**Accounts Receivable, Debtor investigating
usurious loan.**

Describe the lien

Debtor **Bright Care Veterinary Hospital, Inc.** Case number (if known) **8:25-bk-10900-SC**
Name

Merchant Cash Advance

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.1
9

Funding Futures LLC

Creditor's Name

**100 MERRICK RD SUITE
419E
Rockville Centre, NY 11570**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Blanket Lien on assets, Debtor investigating
usurious loan.**

\$292,687.04

\$0.00

Describe the lien

UCC Lien - U240088126729

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.2
0

**Johnson & Johnson
Finance**

Creditor's Name

**Corporation
501 George Street
New Brunswick, NJ 08901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Medical Equipment

\$0.00

\$0.00

Describe the lien

UCC Lien -U230078942636

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Bright Care Veterinary Hospital, Inc.** Case number (if known) **8:25-bk-10900-SC**
Name

- ☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.
- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 1	JRG Funding LLC Creditor's Name 180 Maiden Lane New York, NY 10038 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Accounts Receivable, Debtor investigating usurious loan. Describe the lien Merchant Cash Advance Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$836,006.00	\$0.00
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2.2 2	Launch Funding Group LLC Creditor's Name 1250 E Hallandale Beach Blvd. STE 505 Hallandale, FL 33009 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Accounts Receivable Describe the lien UCC Lien - U240046621627 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
----------	--	--	---------------	---------------

2.2 3	Legacy Capital 26, LLC Creditor's Name 290 Harbor Dr Stamford, CT 06902 Creditor's mailing address	Describe debtor's property that is subject to a lien Accounts Receivable, Debtor investigating usurious loan. Describe the lien	\$249,750.00	\$0.00
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Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known)

8:25-bk-10900-SC

Merchant Cash Advance

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.2
4 **Live Oak Banking Company**

Creditor's Name

**1741 Tiburon Drive
Wilmington, NC 28403**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Real Property Located at 1400 N. Burton Place, Anaheim, California 92806, held by affiliate 1400 Burton LLC

\$876,289.35

\$4,750,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

2.2
5 **Live Oak Banking Company**

Creditor's Name

**1741 Tiburon Drive
Wilmington, NC 28403**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

Real Property Located at 1400 N. Burton Place, Anaheim, California 92806, held by affiliate 1400 Burton LLC

\$1,769,430.10

\$4,750,000.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Bright Care Veterinary Hospital, Inc.** Case number (if known) **8:25-bk-10900-SC**
Name

☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☐ Unliquidated ☐ Disputed

2.2 6	Live Oak Banking Company Creditor's Name	Describe debtor's property that is subject to a lien Real Property Located at 1400 N. Burton Place, Anaheim, California 92806, held by affiliate 1400 Burton LLC. Live Oak has first, second and third priority liens on the property.	\$4,882,892.30	\$4,750,000.00
	1741 Tiburon Drive Wilmington, NC 28403 Creditor's mailing address	Describe the lien		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.2 7	MNY Capital Creditor's Name	Describe debtor's property that is subject to a lien Accounts Receivable, Debtor investigating usurious loan.	\$396,651.00	\$0.00
	244 Madison Ave, Suite 1035 New York, NY 10016 Creditor's mailing address	Describe the lien Merchant Cash Advance		
	Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

2.2 8	NewLane Finance Creditor's Name	Describe debtor's property that is subject to a lien Medical Equipment	\$105,176.89	\$0.00
	123 S. Broad St, 17th Floor Philadelphia, PA 19109			

Debtor	Bright Care Veterinary Hospital, Inc.	Case number (if known)	8:25-bk-10900-SC
Name			
Creditor's mailing address	Describe the lien Financing for Medical Equipment		
	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred			
Last 4 digits of account number			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2 9	Slate Funding	Describe debtor's property that is subject to a lien	\$77,954.50	\$0.00
Creditor's Name		Accounts Receivable, Debtor investigating usurious loan.		
15 America Ave Suite 303 Lakewood, NJ 08701				
Creditor's mailing address		Describe the lien Merchant Cash Advance		
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred				
Last 4 digits of account number				
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

2.3 0	Spring Funding	Describe debtor's property that is subject to a lien	\$252,074.00	\$0.00
Creditor's Name		Accounts Receivable, Debtor investigating usurious loan.		
200 Centra Ave Farmingdale, NJ				
Creditor's mailing address		Describe the lien Merchant Cash Advance		
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred				
Last 4 digits of account number				
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is: Check all that apply		

Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known)

8:25-bk-10900-SC

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☒ Contingent
☐ Unliquidated
☒ Disputed

2.3
4

Thoro Corp

Creditor's Name
**800 SE 4th Ave
Suite 601
Hallandale Beach, FL 33009**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Accounts Receivable

\$0.00

\$0.00

Describe the lien

Merchant Cash Advance

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☒ Contingent
☐ Unliquidated
☒ Disputed

2.3
5

TIAA, FSB

Creditor's Name

**10 Waterview Blvd.,
Parsippany, NJ 07054**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**Medical Equipment 1 KARL STORZ Telecam
C# Video Tower 1 KARL STORZ GI Video
Endoscopy Package 1 KARL STORZ Autocon
III 300, Bivascular Vet 1 KARL STORZ
Tissueeal Plus Comfort 1 KARL STORZ
Nightknife Set, Exchangeable**

\$0.00

\$0.00

Describe the lien

UCC Lien - U220237013729

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Debtor **Bright Care Veterinary Hospital, Inc.**

Name

Case number (if known)

8:25-bk-10900-SC

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3
6

TIAA, FSB

Creditor's Name

**10 Waterview Blvd.,
Parsippany, NJ 07054**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Medical Equipment

Describe the lien

UCC Lien -U230045978541

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3
7

VState Filings

Creditor's Name

**as the Representative
301 Mill Rd, STE U-5
Hewlett, NY 11557**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

**Accounts Receivable, Debtor investigating
usurious loan.**

Describe the lien

UCC Lien - U250105219727

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☒ Disputed

2.3
8

**Wilmington Savings Fund
Society FSB**

Creditor's Name

**1818 Market Street
Philadelphia, PA 19103**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Medical Equipment listed in APP-0000070432

Describe the lien

UCC Lien - U230037925227

Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known)

8:25-bk-10900-SC

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$13,013,258.
21

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

John T. Szalan Esq
Neubert, Pepe & Monteith, P.C.
195 Church Street, 13th Floor
New Haven, CT 06510

Line 2.1

Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:25-bk-10900-SC**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Employment Development Department 722 Capitol Mall Sacramento, CA 95814	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$150,194.07	\$150,194.07
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address State of California Franchise Tax Board PO Box 942857 Sacramento, CA 94257	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$36,000.00	\$36,000.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **Bright Care Veterinary Hospital, Inc.**
Name

Case number (if known) **8:25-bk-10900-SC**

3.1	Nonpriority creditor's name and mailing address Anaheim Utilities 201 S Anaheim Blvd #107 Anaheim, CA 92805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,200.00
3.2	Nonpriority creditor's name and mailing address Anthem 21215 Burbank Blvd Suite: 100 Woodland Hills, CA 91367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,414.00
3.3	Nonpriority creditor's name and mailing address Atlantis Worldwide LLC 60 EAST 42ND STREET Ste 4600 New York, NY 10165 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,000.00
3.4	Nonpriority creditor's name and mailing address California Dept. of Tax and Fee Administration PO Box 942879 Sacramento, CA 95279-0029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address Cox Box 53249 Phoenix, AZ 85072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,500.00
3.6	Nonpriority creditor's name and mailing address Envision Capital Group LLC 29982 Ivy Glenn Dr Fl 1 Laguna Niguel, CA 92677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address EverBank 10 Waterview Blvd, 2nd floor Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor	Bright Care Veterinary Hospital, Inc.	Case number (if known)	8:25-bk-10900-SC
Name			
3.8	Nonpriority creditor's name and mailing address First Insurance Funding 450 Skokie Blvd Ste 1000 Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,800.00
3.9	Nonpriority creditor's name and mailing address Gatto McFerson 11858 La Grange Ave Ste B Los Angeles, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120,000.00
3.10	Nonpriority creditor's name and mailing address Human Interest 2675 W 600 N, Suite 200 Lindon, UT 84042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,000.00
3.11	Nonpriority creditor's name and mailing address IFPS Corporation 3 Hutton Centre Drive Ste 630 Santa Ana, CA 92707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,000.00
3.12	Nonpriority creditor's name and mailing address Internal Revenue P. O. Box 7346 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number <u>For Notice Purposes</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13	Nonpriority creditor's name and mailing address Midwest Veterinary Supply 21467 Holyoke Ave Lakeville, MN 55044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,000.00
3.14	Nonpriority creditor's name and mailing address MWI 3041 W. Pasadena Dr. Boise, ID 83705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,800.00

Debtor	Name	Case number (if known)	8:25-bk-10900-SC
3.15	Nonpriority creditor's name and mailing address Only Cremations and Aquamation 4263 Birch Street Newport Beach, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,500.00
3.16	Nonpriority creditor's name and mailing address Patterson Veterinary PO BOX 1418 Loveland, CO 80539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
3.17	Nonpriority creditor's name and mailing address Roseen Builders 24 Hammond Irvine, CA 92618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,000.00
3.18	Nonpriority creditor's name and mailing address U.S. Small Business Administration Office of General Counsel 312 North Spring Street, 5th Floor Los Angeles, CA 90012 Date(s) debt was incurred ____ Last 4 digits of account number <u>For Notice Purposes</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Veterinary Internal Medicine & Imaging Inc. 2010 Clark Ln, Unit B Redondo Beach, CA 90278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,175.28
3.20	Nonpriority creditor's name and mailing address WSFS Bank 1818 Market Street Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,000.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Debtor	Bright Care Veterinary Hospital, Inc. <small>Name</small>	Case number (if known)	8:25-bk-10900-SC
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Employment Development Department Bankruptcy Group MIC 92E P.O. Box 826880 Sacramento, CA 94280-0001	Line 2.1 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 186,194.07
5b. +	\$ 797,389.28
5c.	\$ 983,583.35

Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:25-bk-10900-SC**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Oral Lease for facility at
1400 N Burton Pl,
Anaheim, CA 92806
1400 Burton LLC is an
affiliate of Debtor.

State the term remaining

List the contract number of any government contract

1400 Burton LLC
1400 N Burton Pl
Anaheim, CA 92806

Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:25-bk-10900-SC**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **1400 Burton LLC**

**1400 N Burton Pl,
Anaheim, CA 92806**

**Live Oak Banking
Company**

☒ D **2.26**

☐ E/F _____

☐ G _____

2.2 **1400 Burton LLC**

**1400 N Burton Pl,
Anaheim, CA 92806**

**Live Oak Banking
Company**

☒ D **2.24**

☐ E/F _____

☐ G _____

2.3 **Alireza Gorgi**

**1400 N Burton Pl
Anaheim, CA 92806**

AFA

☒ D **2.1**

☐ E/F _____

☐ G _____

2.4 **Alireza Gorgi**

**1400 N Burton Pl
Anaheim, CA 92806**

CC Representative

☒ D **2.2**

☐ E/F _____

☐ G _____

2.5 **Alireza Gorgi**

**1400 N Burton Pl
Anaheim, CA 92806**

**Core Funding Source
LLC**

☒ D **2.3**

☐ E/F _____

☐ G _____

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Corporation Service Company	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Daytona Funding Solutions Corp	<input checked="" type="checkbox"/> D <u>2.13</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Dependance Platinum FL LLC	<input checked="" type="checkbox"/> D <u>2.14</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	DLP FUNDING, LLC	<input checked="" type="checkbox"/> D <u>2.15</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Family Funding Group LLC	<input checked="" type="checkbox"/> D <u>2.17</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Fora Financial	<input checked="" type="checkbox"/> D <u>2.18</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Funding Futures LLC	<input checked="" type="checkbox"/> D <u>2.19</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	JRG Funding LLC	<input checked="" type="checkbox"/> D <u>2.21</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Launch Funding Group LLC	<input checked="" type="checkbox"/> D <u>2.22</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Legacy Capital 26, LLC	<input checked="" type="checkbox"/> D <u>2.23</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.24</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.25</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.26</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	MNY Capital	<input checked="" type="checkbox"/> D <u>2.27</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Slate Funding	<input checked="" type="checkbox"/> D <u>2.29</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Spring Funding	<input checked="" type="checkbox"/> D <u>2.30</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Stage Funding	<input checked="" type="checkbox"/> D <u>2.31</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.23	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Thoro Corp	<input checked="" type="checkbox"/> D <u>2.32</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Thoro Corp	<input checked="" type="checkbox"/> D <u>2.33</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	Thoro Corp	<input checked="" type="checkbox"/> D <u>2.34</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.26	Alireza Gorgi	1400 N Burton Pl Anaheim, CA 92806	VState Filings	<input checked="" type="checkbox"/> D <u>2.37</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	Bright Care Veterinary Group Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.24</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28	Bright Care Veterinary Group Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.25</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.29	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy, Suite 0 Mission Viejo, CA 92692	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.26</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.30	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	CT Corporation System	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.31	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	Launch Funding Group LLC	<input checked="" type="checkbox"/> D <u>2.22</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.32	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	CC Representative	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.33	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	Funding Futures LLC	<input checked="" type="checkbox"/> D <u>2.19</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.34	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	CT Corporation System	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.35	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	Daytona Funding Solutions Corp	<input checked="" type="checkbox"/> D <u>2.13</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Bright Care Veterinary Hospital, Inc.

Case number (if known) 8:25-bk-10900-SC

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.36	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	CT Corporation System	<input checked="" type="checkbox"/> D <u>2.12</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.37	Bright Care Veterinary Group, Inc.	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	VState Filings	<input checked="" type="checkbox"/> D <u>2.37</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.38	Monterey Ave Palm Desert LLC	26012 Marguerite Pkwy Suite 0 Mission Viejo, CA 92692	Live Oak Banking Company	<input checked="" type="checkbox"/> D <u>2.25</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name **Bright Care Veterinary Hospital, Inc.**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA**

Case number (if known) **8:25-bk-10900-SC**

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From **1/01/2024** to **12/31/2024**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$9,669,586.84

For year before that:
From **1/01/2023** to **12/31/2023**

☒ Operating a business
☐ Other _____

\$3,785,478.37

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

3.1. **TO FOLLOW IN AMENDED SOFA**

\$0.00

☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

Debtor **Bright Care Veterinary Hospital, Inc.**Case number (if known) **8:25-bk-10900-SC****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. TO FOLLOW IN AMENDED SOFA		\$0.00	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	AFA Capital LLC v. Bright Care Veterinary Hospital Inc. FST-CV25-6072882-S	Breach of contract	Superior Court J.D. OF STAMFORD/NORWALK 123 Hoyt st. Stamford West Simsbury, CT 06092	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Legacy Capital 26 LLC v. Bright Care Veterinary Hospital Inc. FST-CV25-6072033-S	Breach of contract	Superior Ct Stamford/Norwalk at Stamford 123 Hoyt st. Stamford, CT 06902	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	JRG Funding LLC v. Bright Care Veterinary Hospital, Inc. 602277/2025	Collection on MCA loan. Judgment entered for \$862,857.50 on 3/20/25	Supreme Court of NY - Nassau County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	Avion Funding LLC v. Bright Care Veterinary Hospital, Inc. E202503200686	MCA loan collection	NY Supreme Court - Monroe County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Bright Care Veterinary Hospital, Inc.**Case number (if known) **8:25-bk-10900-SC****8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Levene Neale Bender Yoo & Golubchik 2818 La Cienega Avenue Los Angeles, CA 90034		April 3, 2025	\$20,000.00
Email or website address Inbyg.com			
Who made the payment, if not debtor?			
11.2. Levene Neale Bender Yoo & Golubchik 2818 La Cienega Avenue Los Angeles, CA 90034		March 17, 2025	\$10,000.00
Email or website address Inbyg.com			
Who made the payment, if not debtor? Bright Care Veterinary Group, Inc.			

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3.	Levene Neale Bender Yoo & Golubchik 2818 La Cienega Avenue Los Angeles, CA 90034		April 7, 2025	\$30,000.00
	Email or website address Inbyg.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

401(k) Plan

Employer identification number of the plan

EIN: **86-2058159**

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Name and address	Date of service From-To
26b.1. Gatto McFerson 11858 La Grange Ave Ste B Los Angeles, CA 90025	2023 - Present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Alireza Gorgi	1400 N Burton Dr. Anaheim, CA 92806	President, CEO	100% shareholder

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Debtor **Bright Care Veterinary Hospital, Inc.**

Case number (if known) **8:25-bk-10900-SC**

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value
Additional
Personal
Expenses paid by Debtor to insiders to be disclosed in subsequent Amended SOFA.

30.1

TO FOLLOW IN AMENDED
SOFA

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

401(k) plan

EIN: 86-2058159

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 7, 2025**

Signature of individual signing on behalf of the debtor

Alireza Gorgi
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Central District of California - Santa Ana**

In re **Bright Care Veterinary Hospital, Inc.**

Debtor(s)

Case No. **8:25-bk-10900-SC**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	40,000.00
Prior to the filing of this statement I have received	\$	40,000.00
Balance Due	\$	0.00

2. \$ **1,738.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Advising the Debtor with regard to the requirements of the Bankruptcy Court, Bankruptcy Code, Bankruptcy Rules and the Office of the United States Trustee as they pertain to the Debtor; advising the Debtor with regard to certain rights and remedies of its bankruptcy estate and the rights, claims and interests of creditors; representing the Debtor in any proceeding or hearing in the Bankruptcy Court involving its estate unless the Debtor is represented in such proceeding or hearing by other special counsel; conducting examinations of witnesses, claimants or adverse parties and representing the Debtor in any adversary proceeding except to the extent that any such adversary proceeding is in an area outside of LNBYG's expertise or which is beyond LNBYG's staffing capabilities; preparing and assisting the Debtor in the preparation of reports, applications, pleadings and orders including, but not limited to, applications to employ professionals, interim statements and operating reports, initial filing requirements, schedules and statement of financial affairs, lease pleadings, cash collateral pleadings, financing pleadings, and pleadings with respect to the Debtor's use, sale or lease of property outside the ordinary course of business; representing the Debtor with regard to obtaining use of debtor in possession financing and/or cash collateral including, but not limited to, negotiating and seeking Bankruptcy Court approval of any debtor in possession financing and/or cash collateral pleading or stipulation and preparing any pleadings relating to obtaining use of debtor in possession financing and/or cash collateral; assisting the Debtor in the negotiation, formulation, preparation and confirmation of a plan of reorganization and the preparation and approval of a disclosure statement in respect of the plan; and performing any other services which may be appropriate in LNBYG's representation of the Debtor during its bankruptcy case.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Matters which are outside of LNBYG's specialization

In re **Bright Care Veterinary Hospital, Inc.**

Debtor(s)

Case No. **8:25-bk-10900-SC**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 7, 2025

Date


David B. Golubchik 185520

Signature of Attorney

Levene, Neale, Bender, Yoo & Golubchik L.L.P.

2818 La Cienega Ave.

Los Angeles, CA 90034

(310) 229-1234

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address David B. Golubchik 185520 2818 La Cienega Ave. Los Angeles, CA 90034 (310) 229-1234 California State Bar Number: 185520 CA	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor	

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA

In re: Bright Care Veterinary Hospital, Inc.	CASE NO.: 8:25-bk-10900-SC CHAPTER: 11
Debtor(s).	Amended VERIFICATION OF AMENDED MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 1 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: May 7, 2025



Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor)) (if applicable)

Date: May 7, 2025

Signature of Attorney for Debtor (if applicable)

Gatto McFerson
11858 La Grange Ave
Ste B
Los Angeles, CA 90025

Roseen Builders
24 Hammond
Irvine, CA 92618